

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		15	6/4/01
FORMALITY REVIEW	MM	920	08-09-01
RESPONSE FORMALITY REVIEW	MO	dear	10/02/01

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	7/1
2	✓	✓	2/2
3	✓	✓	2/2
4	✓	✓	2/2
5	✓	✓	2/2
6	✓	✓	2/2
7	✓	✓	2/2
8	✓	✓	2/2
9	✓	✓	2/2
10	✓	✓	2/2
11	✓	✓	2/2
12	✓	✓	2/2
13	✓	✓	2/2
14	✓	✓	2/2
15	✓	✓	2/2
16	✓	✓	2/2
17	✓	✓	2/2
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43	✓	✓	2/2
44	✓	✓	2/2
45	✓	✓	2/2
46	✓	✓	2/2
47	✓	✓	2/2
48	✓	✓	2/2
49	✓	✓	2/2
50	✓	✓	2/2

Claim	Final	Original	Date
51	✓	27	1/26
52	✓	27	1/26
53	✓	27	1/26
54	✓	27	1/26
55	✓	27	1/26
57	✓	27	1/26
58	✓	27	1/26
59	✓	27	1/26
60	✓	27	1/26
62	✓	27	1/26
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91	✓	27	1/26
92	✓	27	1/26
93	✓	27	1/26
94	✓	27	1/26
95	✓	27	1/26
96	✓	27	1/26
97	✓	27	1/26
98	✓	27	1/26
99	✓	27	1/26
100	✓	27	1/26

Claim		Date					
	Final Original						
	101						
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**If more than 150 claims or 10 actions
staple additional sheet here**

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10-20-01
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10/60/18
19/40/3
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